Student & Resident Badge



Request Form

First name:

Last name:

E#:

Email:

Medical Student

**Role/Area of Study**

Choose one below

Social Work

Fellow (Physician)

Resident (Physician) Fellow (Pharmacy) Resident (Pharmacy) Resident (PT) Student Pharmacist Radiologic Sciences Respiratory Therapy Dental Hygiene Dietetic Intern

Speech-Language Pathology Audiology

Public Health Physical Therapy Nursing Psychology

Pre-Med

Medical Horizons Other:

**Payment & Delivery Information**

Each badge costs $10 and is to be paid by either the department or the individual receiving the badge prior to printing.

*The price for a duplicate or replacement badge is $27.38.*

# Will the department be charged for the badge(s)? Yes No Is this badge a replacement? Yes No

Department account code to charge:

*By providing an account code, you agree to allow Campus ID Services to withdraw the total amount from the account provided during the next billing cycle.*

# Delivery Method: Pickup Campus Box #

**Office Use Only**

Initial:

Date:

***This section must be completed by supervisor. Signature indicates approval of request.***

Name: Title:

Department: Phone:

Signature: Date:

*Please return form to Campus ID Services:* ***PO Box 70611*** *or* [***IDBUCS@etsu.edu***](mailto:IDBUCS@etsu.edu)